



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

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JAMES E. MCGREEVEY
Governor

CLIFTON R. LACY, M.D.
Commissioner

New Jersey State Mobile Intensive Care Advisory Council June 10, 2002 Meeting Minutes

Dr. Nevins called the meeting to order at 10:20 AM.

The minutes for the March 2002 New Jersey State Mobile Intensive Care Advisory Council Meeting were approved.

Dr. Nevins introduced Mr. Richard Matzer, Acting Division Director of Local Health and Emergency Services to the Advisory Council and thanked him for being present at the meeting. Mrs. Karen Halupke requested the Advisory Council to introduce themselves to Mr. Matzer due to the number of new faces that are attending the meetings.

CMS Update-

Dr. Sol Nevins / Mr. Martin Hogan

The EMS Coalition has been meeting more frequently since the implementation of the new CMS regulations. The coalition is in the process of studying the New Jersey emergency medical system financial data to see how the new CMS fee schedule will impact the agencies and the system. Mobile Intensive Care Programs that have high call volume shared with licensed BLS providers will be impacted greater than those programs that interface primarily with BLS volunteer agencies.

The EMS Coalition stated that their lobbying efforts have not gone unheard. A meeting with New Jersey's Medicare carrier, Riverbend, provided positive feedback that legislators in Washington, DC are aware of the situation in New Jersey. The Coalition is hoping to schedule a meeting in the near future with the Department of Health and Senior Services. Julie Aberger is still diligently lobbying legislators.

The Coalition is seeking a contact from the state of Maryland to examine how Maryland did not participate in the Medicare DRG Program and yet continued to operate without penalties. This may provide insight for New Jersey EMS. New Jersey has received, in writing, from CMS permission to continue to bill for non-transportation calls completed with volunteer BLS agencies. CMS is also allowing providers to bill for advanced life support assessments. If the patient is released to a volunteer agency after assessment was completed, that program

will receive the entire reimbursement. If ALS releases the patient to a licensed BLS agency, the reimbursement will have to be split.

This new reimbursement schedule will cause a shortage of reimbursement dollars for MIC Programs. The MICU Advisory Council has already given approval to find an alternative funding mechanism to overcome this shortage.

MICU Future Planning

Dr. Jennifer Waxler

At the recommendations of Dr. Brennan, Dr. Nevins appointed Dr. Waxler as chair of the Future Planning / Physician meetings. These meetings are held just before the Advisory Council meeting at 9 AM and review information for the Medical Directors prior to the general meeting.

Dr. Waxler thanked Mr. Matzer for his attendance at today's meeting.

Dr. Waxler presented an update of the MedPrep Committee that was established by Governor McGreevey. They have committees within this group focusing on disaster preparedness. The Advisory Council is well represented with Dr. Melnick, Dr. Pruden, Mr. Sasso and Dr. Brennan on the different committees. It is hoped that up to \$54 million has been allocated for the infrastructures of these tasks.

Dr. Waxler presented the pilot proposal for the Laryngeal Mask Airway program. This proposal will be presented to the Commissioner for his approval. If Commission Lacy approves the program, this will allow EMT-Basics in Hunterdon County with Hunterdon MIC Program the use of LMA on the BLS level. This skill is expected to be a basic life support skill on the next revision of the EMT-Basic curriculum.

Dr. Waxler presented a letter to the Commissioner from Dr. Joseph Hummel of Virtua Hospital MIC Program. Dr. Hummel is requesting a waiver for an immediate change in the chest pain standing order to allow aspirin to be given prior to the initiation of the intravenous access. Commissioner Lacy has forwarded this request to the MICU Advisory Council for recommendation.

The proposed regulations are currently in the legal department under review. Due to the length of rulemaking process, a motion was made to request a 6-month wavier that will allow New Jersey MIC Programs to use the proposed adult standing orders and proposed pediatric standing orders and recommended communication failure protocols with the new medications. The motion passed. This will allow sufficient time for the proposed regulations to make it through the rulemaking process.

Dr. Waxler presented a letter from Dr. David Livingston, Chairperson of the New Jersey Trauma Center Council, to Dr. James Pruden, Chairperson of the New Jersey EMS Council, stating the Trauma Center Council's opposition to the proposal to allow MIC Programs to utilize paralytics. Although the letter is from the Trauma Center Council, it is believed that not all trauma physicians are

against paralytics for ground ALS. Dr. Nevins will complete a literature search and provide all medical directors with a copy. The Council encourages all Medical Directors to read the literature and meet with their local trauma center physicians and review the training program and the educational requirements for RSI.

By-Laws

Dr. Jennifer Waxler

The By-Laws have been updated and distributed. OEMS will place the by-laws on the web site for reference. A letter will be sent to all Program Administrators, Medical Directors and EMS Educators explaining the change concerning attendance at meetings. A reminder letter will be sent to a program when there has been an absence of two or more meetings. It is very important that every program is represented to stay current with information.

Medications / Devices

Dr. Robert Lahita

The committee did not meet since the last Advisory Council meeting.

OEMS has forwarded a request from Dr. Schreck of Capital Health requesting the use of levalbuterol. Levalbuterol is a form of albuterol that is purer in composition. The only difference between the two is albuterol is an "L" and "R" isomer and Zopnex is solely an "L" isomer. There is no need to approve this medication since it is a form of albuterol. MIC Programs may use levalbuterol without notifying OEMS of a medication addition.

There was a discussion regarding MIC Units carrying high dose atropine and 2-Pam versus carrying the Mark-1 kits. OEMS will conduct a survey to determine which programs are carrying which type of nerve agent antidotes.

There was a brief discussion regarding Jersey City Medical Center basic life support units using the combi-tube. This device is covered in the RSI program and ALS should become comfortable with this device prior to implementation in the BLS arena.

Standing Orders

Dr. Larry DesRochers

Mr. McSweeney presented results that were obtained by OEMS randomly surveying 15 MIC Programs. The information obtained verified that paramedics and MICNs often exceed standing orders. The standing orders committee will now review the current standing orders and explore the possibilities of expanding the protocols and still remaining compliant with the paramedic law. The committee will meet prior to the September 2002 meeting to propose new direction to OEMS regarding the use of on-line medical command, off-line medical command and revision of the standing orders.

Discussion was held at the Future Planning meeting regarding Dr. Hummel's request to change the standing order for chest pain. Currently, there is no

literature to support the administration aspirin prior to initiation of intravenous access. This request opened discussion regarding the entire chest pain protocol of aspirin and nitroglycerin prior to initiation of intravenous access in a hemodynamically stable patient. The Medical Directors discussed and came to a conclusion that the chest pain standing order should not be changed or waived at this time. The standing order committee will take this information into consideration for the next revision of the standing orders.

Legislation

Ms. Susan Caputo

There are several bills proposed to permit EMT-Bs to administer Epinephrine Auto-Injectors (Epi-Pens). There is a bill proposed to permit EMT-Bs to utilize advanced airways devices. There is a bill that will permit hospitals to admit patients for specific illnesses when their HMO denies the admission requirements. There are also several bills that permit the education of the Incident Command System to hospitals. There are several bills for AEDs and the education of AEDs. There is also one bill in the Senate Health Committee for MICU Transport.

EMS Council

Dr. James Pruden

The next EMS Council Meeting will be held June 13 at the Allentown First Aid Squad Building in Allentown, Mercer County at 10 AM. There is important information discussed at these meetings and he encouraged the EMS community to attend.

The Emergency Support Function #8 of the State Emergency Plan is completed and at the different agencies for review.

The Statewide 800-megahertz radios have been distributed to all ten of the trauma centers. These are in addition to the 800-megahertz radios that the advanced life support dispatch agencies are utilizing.

OEMS is working on a web site that will provide communication centers and emergency responders with real time diversion status of local acute care facilities. This system will relieve the hospital of making numerous phone calls to the different agencies notifying them of their diversion state. The web site will be available to all providers at no cost.

At the last meeting there was a discussion concerning the certification period for the EMT-B. The State is a three-year certification whereas the national certification is for a two-year period. There is a concern that EMT-Bs need to earn continuing education credits and they may need to exceed the 48 hours to meet overlapping requirements for New Jersey and National certification.

There was discussion regarding the opposition of the Trauma Council for the use of paralytics by ground ALS units. Dr. David Livingston, Chairperson of the New Jersey Trauma Council wrote a letter to Dr. Pruden and the EMS Council stating

the opposition. Dr. Pruden reminded the council that the majority of patients who will benefit from RSI are not all trauma patients.

The 4th Annual EMS Week Awards Ceremony was held in May in Mount Laurel. Congratulations to all of the winners and nominees. The dinner was well organized and honored several key players of the MICU Advisory Council. This included Dr. William Gluckman of University Hospital, Ms. Jeanne Kerwin of Atlantic Health System and Dr. Sol Nevins of Atlantic Health System.

New Jersey Association of Paramedic Programs

Mr. Martin Hogan

The Team Excellence Awards were held at Robert Wood Johnson University Hospital in May. Two advanced life support personnel from each of the participating MIC programs were recognized. The award is unique because their peers select these paramedics.

JemSTAR

Dr. Joseph Hummel

The JemSTAR program is proceeding with the purchasing of 5 aircraft. These will replace the current fleet and streamline the mechanical and flight training for the State Police.

The State Police are actively recruiting pilots. There are a number of pilots that will be retiring within the next year. It is important to maintain the number of pilots.

Chief Flight Nurse Carl Correre from NorthSTAR was the recipient of "Nurse of the Year" at UMDNJ-University Hospital. In addition, he is a regional finalist for the Nursing Spectrum Magazine Award and a finalist for the Governor's Nursing Merit Program: Registered Professional Nurse Acute Care Category. This is Carl's second year as a finalist for the Governor's Award.

OEMS

Ms. Susan Way

OEMS and the EMS Council held the fourth annual EMS Week Awards in May in Mount Laurel. This year proved to be an exceptional group of people nominated for the awards. It was nice to honor the winners and nominees at a dinner ceremony. Congratulations to all of the winners and nominees.

EMS for Children held their annual conference in Mount Laurel. This conference was a great success.

The budget process is complete. There were no specific questions asked regarding EMS. There is going to be a lot of movement in the Department for bio-terrorism and domestic preparedness.

Legislation requiring AEDs to be placed in all State buildings has passed and OEMS has worked on a plan with the Department.

New Jersey will be the recipient of approximately \$27 million in grants awards for Bio-terrorism and Domestic Preparedness. There are two grants, one for public health initiatives and one for hospital initiatives. There are six components to these grants:

1. Planning response ability
2. Surveillance and Epidemiology
3. Lab & biological rapid testing
4. Health Alert network
5. Risk communication
6. Education and training

Additional information is presented on the Department's web site.

Education

Mr. Robert Clawson

The quarterly paramedic exam was held June 8, 2002. There were 12 full candidates and 2 retest candidates who took the examination. One candidate successfully passed the examination process. The failures were: 2 in trauma assessment, 3 advanced airway management, 8 cardiac, 6 oral station, 2 intravenous station and 6 basic skill which was the KED. Discussion followed regarding the statistics of New Jersey and the number of candidates who successfully pass the examination process. New Jersey has a high ratio of students that present for the National Registry examination process and successfully complete, although they may have to retest specific areas. The failures of the practical stations are not identifiable to a specific training site; they are generically spread throughout all of the programs.

The recertification applications were due. OEMS is processing the applications currently and the programs will receive copies of the certification cards as they are mailed to individuals.

The Atlantic EMS Council will be hosting their annual conference in Tysons Corner, Virginia on October 5 & 6, 2002. This year's program is "Promoting Excellence in the EMS Classroom." New Jersey has 40 seats available. If you are interested, please contact Mr. Robert Dinetz in OEMS.

**Next Meeting
September 9, 2002
New Jersey Hospital Association
Princeton, New Jersey**

Motions:

- To issue an emergency 6-month waiver to allow New Jersey MIC Programs to use the proposed adult standing orders and proposed pediatric recommended communication failure protocols with the new medications. **The motion passed.**